

2. Strengthening of district Rapid Response Team for effective vector control measures.
3. Establishing sentinei surveillance network by identifying districts and regional hospitals for early detection of Chikungunya cases.
4. Inter-sectoral coordination with other related departments like Revenue, Education, Irrigation, Rural Development, Tribal Welfare, integrated Child Development, PRIs and NGOs
5. Inter-Stats border meetings of the affecied states for initiating synchronized prevention and control measures against Chikungunya
6. Training of medical and paramedical workers in public and private sectors for early diagnosis and treatment of Chikungunya fever cases and treatment of post-Chikungunya sequelae.
7. Supervision and monitoring of Chikungunya prevention and control measures.

**Fund allocation and distribution under NRHM**

†345. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the total amount earmarked so far by Government under the National Rural Health Mission and the amount spent out of this;
- (b) the basic facilities to be provided in f ural areas under this scheme;
- (c) whether the rural areas/places lacking in health amenities would be provided with special facilities under this scheme;
- (d) if so. the details of the facts thereof; and
- (e) the details of the measures taken by Government to provide cheaper and easily accessible health facilities to poor farmers and labourers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The amount allocated for the NRHM related activities during the FY 2006-07 is

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† Original notice of the question was received in Hindi

[24 November, 2006]

RAJYA SABHA

Rs. 9065 crore out of which Rs. 3381 has already been released to the states till date.

(b) to (e) The Framework for Implementation of NRHM envisages several initiatives to provide special facilities in the rural areas/places lacking in health amenities. The allocation for health sector is being substantially enhanced over the Mission period to facilitate architectural correction in the public health delivery system to improve the services available to the rural poor. The NRHM envisages selection of a trained female community health worker called Accredited Social Health Activist (ASHA) in each village in High Focus States to work as the link of community with health system. The NRHM also seeks to Strengthen the Public Health delivery system at all levels. The Sub-centre and PHCs are proposed to be revitalized through better human resource management, clear quality standards, better community support and united fund to enable local planning and action. The Sub-Centres are being strengthened with additional ANM, enhanced support for medicines and united funds. The PHCs are being made functional on 24X7 basis with additional Staff Nurses to provide emergency obstetric care. The CHCs are being upgraded to Indian Public Health Standards (IPHS) in a phased manner. The IPHS define structural, personnel, equipment and management standards and have been prepared for various levels of health facilities. NRHM also seeks to strengthen service delivery by ensuring community ownership of health facilities. The Sub-Centres are envisaged to be under the management of the local Panchayat. The Patient Welfare Committees at various levels would ensure that the quality health care is available to the poor farmers and labourers in the rural areas.

#### **Harassment of students in AIIMS**

346. SHRI PRASANTA CHATTERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a large number of medical students, resident doctors and faculty members of the All India Institute of Medical Sciences are demanding a transparent and impartial enquiry into complaints of harassment belonging to reserved category; and

(b) if so, the response of Government thereto?